

PROJECT HERCULES: A SYSTEMATIC REVIEW OF THE CONTENT AND STRUCTURAL VALIDITY OF PROS USED TO ASSESS QUALITY OF LIFE IN DUCHENNE MUSCULAR DYSTROPHY (DMD)

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PROM	Content validity			Structural Validity	
	Relevance	Comprehensiveness	Comprehensibility	Quality of evidence	Rating of results
BDI	Yellow	Red	Yellow	Very low	?
CALI	Green	Red	Yellow	Low	?
DCGM-37	Yellow	Green	Green	Low	?
EQ-5D-3L	Green	Red	Green	Very low	?
FSS	Yellow	Red	Yellow	Very low	?
GAD-7	Green	Red	Green	Very low	?
HADS	Red	Red	Red	Very low	?
HUI-2 / HUI-3 (15Q)	Red	Red	Red	Very low	?
INQoL	Yellow	Yellow	Green	Very low	?
KIDSCREEN-52	Green	Green	Green	Low	?
KIDSCREEN-27	Green	Green	Green	Low	?
KIDSCREEN-10	Green	Green	Green	Low	?
LSIA	Green	Green	Green	Moderate	?
MDCHILD	Yellow	Green	Green	Low	?
PedsQL 3.0 DMD	Yellow	?	Yellow	Very low	?
PedsQL 3.0 MFS	Yellow	Red	Yellow	Very low	?
PedsQL 3.0 NMM	Yellow	?	Yellow	Moderate	Red
PedsQL 4.0 GCS	Yellow	Green	Yellow	Low	?
PedsQL 4.0 SF-15	Yellow	Green	Yellow	Low	?
PHQ-9	Green	Red	Yellow	Very low	?
PODCI	Yellow	Green	Yellow	Very low	?
PSQI	Yellow	Red	Yellow	Very low	?
SDQ	Red	Red	Green	Very low	?
SF-36 v1.0	Green	Green	Yellow	Very low	?
SWLS	Red	Red	Yellow	Very low	?
WHOQOL-BREF	Green	Green	Yellow	Very low	?

Figure 1. Satisfactory results; unsatisfactory results; inconsistent results; ? indeterminate

Objectives

Duchenne muscular dystrophy (DMD) is a rare genetic, progressive life-limiting paediatric neuromuscular disorder. Numerous **patient-reported outcome measures (PROs)** are administered to measure quality of life (QoL) in DMD, yet there has been no formal assessment of their validity. In this systematic review, we applied COSMIN criteria to evaluate the content and structural validity of PROs used to assess QoL in DMD.

Methods

Systematic searches were conducted across five academic databases (**EMBASE, MEDLINE, CINAHL, PsycINFO, and Cochrane Library**), supplemented by searches and citation tracking in Google Scholar. Full-text published articles containing evidence of content and/or structural validity of PROs assessing QoL in DMD, and/or articles on PRO development, were included. Evidence was synthesised and critically evaluated using established **COSMIN criteria**.

Results

60 eligible manuscripts featuring a PROM assessing QoL in DMD were identified. From these records, 40 PROs were extracted, and **26 PROs were evaluated using COSMIN**. Evidence on content and/or structural validity was extracted from 41 articles. Most PROs demonstrated low quality evidence and unsatisfactory or inconsistent validity. **The best performing PRO was the KIDSCREEN**, with an adequate rating for PRO design and a satisfactory content validity rating (see **Figure 1**).

Conclusions

Evidence is lacking on the content and structural validity of QoL PROs in DMD. We assessed the validity of 26 QoL PROs. Most PROs performed poorly against COSMIN criteria. In the absence of further work, **we recommend the use of the KIDSCREEN or the LSIA to assess QoL in young people with DMD**.

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